

(1) PLACE OF BIRTH

County of Charleston
 Township of 11
 or
 Inc. Town of 11
 or
 City of 11

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

8472

Registration District No. 40-2 Registered No. 110
 (For use of Local Registrar)

(No. 196 Aden St.) (Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rogers If child is not yet named, make supplemental report as directed

2. BOY OR GIRL girl 3. Type or Triple Twin 4. Number in order of birth 2 5. Are Parents Married yes 6. DATE OF BIRTH 2, 21, 23
 To be answered only in case of Twin or Triple (Name of Month) (Day) (Year)

FATHER. MOTHER.

7. FULL NAME Oscar Rogers 14. NAME BEFORE MARRIAGE Heenie Peterson

8. PRESENT POSTOFFICE OF FATHER Charleston, S.C. 15. PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

9. COLOR OR RACE Negro 16. AGE AT LAST BIRTHDAY 44 17. AGE AT LAST BIRTHDAY 22

10. BIRTHPLACE S.C. 18. BIRTHPLACE S.C.

11. OCCUPATION Truck Driver 19. OCCUPATION housewife

20. Number of children born to mother, including present birth 2 21. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour 2 M. or P. M.)
 on the date above stated.

(23) (Signature) M. P. Coan, M.D. (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston, S.C.

(When name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4-20-23 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.